

# Band 5 nurses' perceptions and experiences of professional development and support: effect on job-satisfaction and retention

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## Abstract

**Aim** The aim of this qualitative study was to explore band 5 nurses' perceptions and experiences of professional development in an acute trust, to identify what, if any, effect this has on their job-satisfaction and intention to remain

**Method** An adapted grounded theory approach was used. Theoretical sampling identified band 5 nurses within their first 24 months of employment in the trust. Data were collected through focus groups and analysed using the constant comparative method.

**Results** Findings suggest the provision of, and support for, development opportunities affect nurses' job-satisfaction, and investment in these opportunities is likely to improve staff retention.

Conclusion It is important to retain flexible resources to enable nurse leaders to ensure their nursing staff are provided with the training and career progression they require. This will support them to achieve and retain essential competencies, and increase job-satisfaction and retention.

**band 5 nurses, job-satisfaction, nursing management, professional development, staff retention**

## **Background**

A shortage of nurses in the UK and globally (Shields and Ward 2001, Broom 2010, Tourangeau et al 2010), requires organisations to ensure workforce plans and strategies address recruitment and retention issues. Staff recruitment, and the provision of the training and support necessary to ensure nurses achieve essential competencies, require investment in terms of time and finance, and for this investment to be fully realised, staff need be retained within organisations.

A Royal College of Nursing (RCN) employment survey (2013) reported increasing despondency among nurses in relation to opportunities for career progression and professional development compared to a previous survey undertaken in 2011. Fewer than half the survey respondents believed employers provided them with sufficient opportunities in new job-related developments, and fewer still believed they would be given time for training (RCN 2013).

It is imperative that nurse leaders understand, and can articulate, why employees remain in organisations (Nedd 2006), and what their expectations, career aspirations and professional development needs are. This is a two-way process which is congruent to both the individual and the organisation (Narayanasamy and Narayanasamy 2007). Understanding these factors supports the development and implementation of systemic, cost-effective retention policies, underpinned by evidence (Levett-Jones 2005, Lu et al 2005, Nedd 2006, Cowden and Cummings 2012).

## **Local situation**

There is a high ratio of new starters and newly qualified nurses in Cambridge University Hospitals NHS Foundation Trust, so it is essential to ensure appropriate development opportunities are in place to meet both their, and the organisation's, needs. To do this, requires understanding about what their needs are, therefore a study was undertaken to gather evidence from band 5 nurses to enable nurse-leaders to inform and underpin strategic workforce planning to improve staff retention. The research question was what are band 5 nurses' perceptions and experiences of professional development and support within the trust, and how do these affect job-satisfaction and retention? The research objectives were to gain an understanding of what influences band 5 nurses' retention and job-satisfaction, and to explore their experiences, understanding, and expectations of professional development in the trust.

## **Literature review**

There is consensus in the literature that job-satisfaction increases staff retention (Shields and Ward 2001, Takase et al 2005, Wilson 2006), and that professional development and career advancement opportunities contribute to job-satisfaction and retention (Shields and Ward 2001, Gould et al 2007, Armstrong-Stassen et al 2013). However, few papers explore, through primary qualitative research, band 5 nurses' perceptions and experiences of professional development and their effects on job-satisfaction and retention.

Prioritising support for professional development and career advancement influences job-satisfaction and leads to staff retention (Shields and Ward 2001, Broom 2010, Lu et al 2012), however it is unclear what effect these opportunities have on band 5 nurses specifically in an acute trust.

Takase et al (2005) introduced person-environment fit theories, which imply that nurses are not passive agents who respond to their environments, but should develop reciprocal relationships with their organisations. This requires nurse-centred approaches to strategic developments. Chen and Johantgen (2010) support this, and warned that hospitals that do not have infrastructures and processes in place to enable nurses to participate in professional development risk reducing job-satisfaction.

Austerity measures and finite resources in the NHS mean that organisations need to prioritise expenditure and investment. To justify financial investment in professional development, therefore, nurse leaders must prepare strategies, policies and business cases that show this is important to employees and likely to positively affect retention and job satisfaction.

Although it is important to invest in learning opportunities, Wilson (2006) warned that professional development leading to role expansion is ultimately self-limiting and counterproductive, since fewer senior clinical posts are available in organisations. This implies that there is a risk that developing staff could result in increased turnover, as those seeking promotion and further career progression move elsewhere.

## **Study**

### **Methodology**

An adapted grounded theory approach was used to provide an understanding of human behaviour, and explore new perspectives within the social context of the trust (Engward 2013).

### **Ethical approval process and governance**

Ethical approval was gained from the trust and university research and development approval process. Participants' anonymity was assured, and no names were used in the data analysis or subsequent reports.

### Sampling

Theoretical sampling was used, and band 5 nurses within their first 24 months of employment at the trust were invited to participate. Due to time limits and the nature of the study, it was decided to aim for 30 participants across three focus groups. However, it was acknowledged not all invitees would wish to participate, therefore the researcher approached two cohorts of band 5 nurses who were undertaking the preceptorship programme ( $n=45$ ), and who met the inclusion criteria (Table 1). The total number of participants was 28.

**Table 1: Inclusion/exclusion criteria**

Inclusion	Exclusion
<ul style="list-style-type: none"><li>• Band 5 registered nurses who have been employed by the trust for up to 24 months.</li></ul>	<ul style="list-style-type: none"><li>• Registered nurses band 6 or above</li><li>• Band 5 registered nurses who have been employed by the trust for more than 24 months</li></ul>

### Data collection

Data were collected from three focus groups (Table 2), during which ground rules were discussed, agreed, and used to support, rather than restrict, discussion (Gerrish and Lacey 2010). Discussions were audio taped and the group facilitators who are experienced clinical educators from the corporate nursing team[who were they – the two authors] noted, observed and recorded participants' non-verbal signals and interactions (Gerrish and Lacey 2010).

Broad questions invite participants to volunteer answers which can then prompt further questions (Parahoo 2006), therefore two or three open questions were used to start the discussion (Gerrish and Lacey 2010), after which a more structured discussion took place to clarify specific answers (Morgan 1997), described as the funnel-based approach.

**Table 2: Focus group data**

Focus Group	1	2	3
Number of participants	9	4	15
Female	9	1	3
Male	0	3	12
Degree	8	4	14
Diploma	1	0	1
Trained in UK	9	1	5
Trained outside the UK	0	3	10

### **Data analysis process**

In line with an adapted grounded theory methodology, an inductive analytical approach was used in the data analysis (Polit and Hungler 1995), and occurred concurrently with the data collection (Gerrish and Lacey 2010). Data collected from the focus groups comprised the following:

- Verbalised views and experiences recorded on voice recorder and transcribed verbatim.
- Notes on the group's interaction, characteristics, and dynamics, taken by observers/co-facilitators.
- Memos kept during the process.

The researcher transcribed the recordings immediately after the focus groups, which enabled her to listen again to the conversations, comments, and intonations within the words, and begin immersion in the data (Gerrish and Lacey 2010). During transcribing, an initial, immediate analysis and identification of similarities and differences in the data was undertaken (Engward 2013). This enabled review of past and planned focus groups to refine the theoretical sample (Gerrish and Lacey 2010), and identify further invitees for the focus group as required.

Two facilitators supported the focus groups. Once all three groups were completed and the transcriptions checked by the co-facilitators, the texts were coded using NVivo 10. This began with open coding, a line-by-line breakdown in which major categories and sub-categories are identified through examining and comparing the data (Polit and Hungler 1995). 41 codes were identified across the three focus groups, and the codes and texts were then reviewed with the two co-facilitators to confirm accuracy.

Axial and selective coding followed and five categories emerged from the 41 codes. Again, these were reviewed and agreed with the co-facilitators.

Throughout the coding and continuous comparison process, memos and field notes were recorded and used to capture the researcher's ideas, insights, and feelings (Polit and Hungler 1995), organise the data, raise the data to a conceptual level, and provide a catalogue for writing up theory (Starks and Brown Trinidad 2007).

## **Results**

The five categories are:

- Band 5 nurses' priorities.
- Band 5 nurses' understanding, perceptions and experiences of professional development, and access to it.
- Trust support for professional development.
- Career aspirations and career planning.
- Reasons for choosing this trust to work in.

#### Band 5 nurses' priorities

All participants agreed that achieving relevant clinical competencies, such as drug administration, intravenous drug administration and cannulation, in a timely way, was a priority in terms of helping them fulfil their role as registered nurses. Delays in accessing training, lack of support and training capacity led to frustration and reduced job-satisfaction. One participant said: 'I just think there are some training we need to have basically before starting to the job in the ward... I'm working as a healthcare assistant because... I don't know why they are not interested to make me get my competencies.'

Some participants believed that to overcome these issues, and help prioritise clinical training, competencies could be specific for each ward area to match clinical activity: 'maybe whether they could make it specific to each ward, like TPN (total parental nutrition), is a bit of an essential skill but not many of us can do it...'.

Those nurses who work in specialist areas appeared less frustrated, as they had completed their generic competencies and had had further specialty-specific opportunities: 'we are all booked onto our PILS (paediatric immediate life support) courses automatically which I think is a really good thing.....everyone has a bit of knowledge.'

Participants believed the trust's preceptorship programme provided them with clinical skills, and made them feel valued, and in general they believed their managers supported them to undertake the programme: 'I think the preceptorship is really good because it makes you feel like a valued... like they want us to stay.'

Additionally, the programme provides a platform for peer support: 'we always discuss it don't we... I think it helps us... If you have issues or anything you want to discuss as a group and see what everyone else thinks you've got it there.'

#### Band 5 nurses' understanding, perceptions, experience of, and access to, professional development

Focus groups 1 and 3, which consisted mainly of newly qualified nurses, discussed professional development in terms completing competencies and clinical skills. The participants appeared to be reliant on these skills to shape and measure their learning and development. One said: 'I think as newly qualified I'm not really looking forward to going on... I just want to get my packs done and be confident in being a band 5.' Focus group 2, however, which consisted of nurses who had completed their preceptorship year, were looking ahead, and starting to identify further opportunities and the need to be self-motivated and proactive: 'I think professional development is up to you... we are adults and you just need to understand what's going on around you. I had a plan where I wanted to go...'.

There appeared to be a general feeling, across all three groups, that specialty areas provide more opportunities and support in practice development.

There were different levels of knowledge about how to identify and access development. Some participants were more motivated to search for themselves rather than be directed, and said it was easy to access, whereas others found it more challenging. Those who had completed their first-year post-qualification demonstrated more self-sufficiency, and appeared to rely less on being directed by their line managers and/or educational leads: 'we've got a practice development unit so I think I would ask them', 'everything is on the intranet, you just need to find it... we are all adults and we are not supposed to be told everything... and it's not hard.'

Overseas nurses appeared to be more confident and self-motivated to seek and make full use of all opportunities available: 'So if I want to develop myself... so I am the one who needs to find another course and pay for it.' Meanwhile, UK-trained nurses suggested that it was up to their managers and practice development to provide time and direction, and referred to a vast difference between being students and qualifying as registered nurses: 'that would be really nice (time and direction from the senior teams)[what would see inside brackets]because it's such a huge job between a student and... then you're newly qualified.'

#### **Trust support for professional development**

Staffing levels and workload were cited as factors that limited staff opportunities to attend study days, and resulted in cancellation at short notice: '... mine are struggling to be able to get the time off work, they book the courses and then they get told they can't go because there is not enough staff. I've seen people leave because of it.'

Participants also perceived that if they attended study sessions during their working day they were expected to 'make up time' on their return: '... your jobs are like this when you get back and you are not going to go home on time, so you either do some development or go home on time.'

Drop-in sessions, ward-based learning, and link roles were popular, and were regarded as development opportunities that did not affect participants' working day, and were directed at the specialty and knowledge required for specific areas: 'I think the drop-in sessions are good to fit in around work, especially more specific to the ward....'

Those who had experienced the annual review process identified it as supportive, and an opportunity to discuss and plan their development. One participant said: 'We got team leaders so when we had our appraisal they say "where do you want to be like in a year's time" and they say "right to do that you got to do ABC, do this pack and this day".'

Few of the participants had thought about development beyond achieving their competencies, and therefore had little or no knowledge about more formalised academic programmes and

pathways. One participant acknowledged that a number of staff in her area were undertaking modules such as mentorship, and master's pathways.

Of the 28 participants only two had not undertaken a graduate training programme. Both wanted to pursue a degree pathway, and implied that support for this might have influenced their decision to work in the trust: 'I chose this hospital, I looked at a different hospital but... I was like I want to do a degree right well it's definitely going to be you as you were encouraging me.'

[Some of? - A number of those who had completed their first year observed a reduction of input and support once they had completed their initial competencies: 'What I will say is after that first year and after that set period it has gone very quiet; once you are up and running and you can work competently they do not seem to act to take you further.'

### **Career aspirations and career planning**

Despite being newly qualified, participants seem to have clear aspirations for the future: 'I do want to do specialist training at some point, but not quite yet, I'm not really decided in what...'

Pre-registration training in the UK enables nursing students to work in different areas to enhance their experience and knowledge, which informs their future career choices: 'During our training we had it very much drummed into us that if we were to develop as nurses we needed to do kind of lots of different areas...'

Some participants discussed rotational programmes, and believed that these could offer the variety of experiences required, but they were reluctant to leave an area in which they felt happy and satisfied: 'I think rotations sound really good at the beginning, but when you've been on a ward for like a year and you know everybody... you don't want to leave.' Shorter temporary placements may be more attractive: 'I don't mind doing that for like two weeks or so... but not for six months.'

Some participants had ideas about where they might gain further experience and knowledge, and what might be required to meet their aims: 'I am interested in rapid response, but I know that I have to go to four years in intensive care or emergency department to get that.' Others had distinct ideas about the areas they would like to work in: 'I would like to become an emergency nurse because it is my dream since childhood', while others felt overwhelmed by the potential opportunities, and were not ready to make a decision: 'It's getting to know everyone, how to contact everyone, there's so much to do it seems like a lot to think of, like further your career when you have only just got to...'

Few participants mentioned discussions they had had with their managers, or what support they had received for this, but suggested this would be helpful in decision making: '... as I said before I don't know anything about it... so it could be very useful for us like someone to explain to us, how we can apply for a course to become a specialist nurse.'

Participants who work in specialist areas identified additional opportunities: 'I work in gynaecology, we are doing about terminations training about how to care for ladies in that



situation.’ Others suggested that they should be preparing and planning in terms of their own aspirations, while also recognising potential limitations for the trust: ‘You need to be potentially ready for the next job, we all have career aspirations and sometimes they concur with the trust’s project for us and sometimes they don’t... if we have got all of the band 5’s willing to be band 6 in the unit, it will be impossible.’

#### **Reasons for choosing to work in this trust**

A number of participants mentioned why they had come to work at the trust, and its reputation was quoted as a main incentive when applying for jobs: ‘I think the reputation a teaching hospital... there is quite a lot happening here, so obviously I moved down here... it will be really good if I want to travel in a couple of years... I’ll have it on my CV’, ‘It was the only job I applied for and I wouldn’t be in England if I wasn’t in a job here. It’s a brilliant hospital with brilliant people.’

These views suggest a preconception that, as a large teaching hospital, the trust encourages development and further education. However, cost of living was cited as a potential barrier to attracting staff, and why people might leave the organisation, sometimes against their wishes: ‘I’m struggling at the moment because I am at the entrance of my band 5.’

One participant suggested that people have social and personal obligations, as well as professional aspirations: ‘People will be in a position where they have children, where they have to keep up with their obligations and their payments won’t accompany their growing aspirations.’

## **Discussion**

#### **Band 5 nurses’ priorities**

All the participants discussed the importance of completing clinical competency packages, which they suggested would enable them to fulfil their role and increase their job satisfaction. Lack of time and commitment from experienced staff, training opportunities, and support to enable them to achieve these competencies, were met with frustration, and a reduction in job-satisfaction. This is reflected in the literature, which suggests that non-supportive managers cause high levels of job dissatisfaction (Cleary et al 2013, Atefi et al 2014). There is a need to ensure that appropriate support and career opportunities are available to new, graduate nurses, to enable them to function at full capacity and realise their aspirations.

The trust’s preceptorship programme was referred to positively, and support and time allocation from managers to attend made participants feel valued, and provided peer-support and educational opportunities (Van den Heed et al 2013).

#### **Band 5 nurses’ understanding, perceptions, experience of, and access to, professional development**

There is little clarity in the literature about what professional development and post-qualification opportunities for newly qualified staff look like. Broom (2010) suggests the ‘Y generation’ seeks experience, development and opportunity, while Cleary et al (2011) maintain that undergraduate

nursing education cannot provide all the required knowledge. Earlier, Drey et al (2009) suggested that nurses are not always fully prepared to undertake their new roles, and which could affect their satisfaction with their working life.

These findings are reflected in this study. The participants' priorities and focus were on attaining the advanced clinical skills, workplace learning, and competencies necessary to function in a professional capacity (Cleary 2011), rather than on a more formal academic pathway. Broom (2010) supports this, and suggested that a clear structure and process for new nurses is essential to sustain a professional practice environment.

This is becoming increasingly important as nurses' scope of practice evolves, and with that they are expected to have more accountability and autonomy, which affects motivation (Govranos and Newton 2014). Many Trusts provide preceptorship programmes to bridge the gap between newly qualified nurses' experience and clinical knowledge, [and these hospitals tend to be higher performing organisations- no I don't think that is what the article suggested] (Van den Heed et al 2013).

While the trust's preceptorship programme appeared to provide a baseline structure for the participants, they had different experiences of opportunities, advice, and support for professional development, practice-based learning, and completion of competency packs.

#### **Trust support for professional development**

Job satisfaction can be reduced without the infrastructure and processes required to support nurses to access and participate in development opportunities (Chen and Johantgen 2010). Therefore, it is important for employers to understand what motivates their staff, and to support registered nurses in their professional development (Hallin and Danielson 2008).

Staffing levels, and workload, were cited by participants as potential barriers to professional development opportunities, which suggests that it is critical to maintain sufficient staffing levels to enable nurses to be released and supported to attend (Covell 2009). Views expressed by participants support those reported by Gardulf et al (2008), for example many believed it was not possible to engage in professional development during working hours. Similarly, Govranos and Newton (2014) reported a perception among nurses that education interrupts work, and is therefore pushed aside, even when it supports people to do their job. Participants in this study said they believed time away from clinical areas for development purposes had to be made up during the rest of their shift, and that no-one would do their work while they were absent.

Managers can advise on individualised programmes through annual reviews (Balls 2010), and although participants had limited experience of the appraisal process, those who had experienced it said it was an opportunity to discuss development and career progression.

### **Career aspirations and career planning**

While the literature suggests staff might feel more valued when they are supported through development opportunities, and recognition of their need to develop their careers, there is a potential risk that it could increase turnover due to limited job availability (Wilson 2006). This was alluded to in focus group two by one of the participants, who suggested that not everyone can or wants to progress beyond band 5, and that experienced, core band 5 nurses are essential, as they make up most of the workforce. Wilson (2006) suggested that although contributors to job satisfaction include extended roles and skill acquisition, which subsequently help fulfil career aspirations, not everyone wants to pursue this route for fear of moving away from the primary role of nursing.

Participants believed rotational programmes might be a way of increasing experiences, which differs from another study (Balls 2010), which found one participant believed them to be counterproductive to building expertise. However, participants in this study appeared to be reticent about moving from where they felt settled, and suggested that short, temporary placements might be more attractive, as well as other ways of gaining experience.

### **Reasons for choosing to work in this trust**

Reputation and opportunities for development were listed by participants as reasons for joining the trust, which matches the organisation's recruitment data. However, some authors suggest that these opportunities are often used as incentives, but are not realised due to lack of resources, staffing levels, or managerial support (Gould et al 2007). This became apparent when participants referred to cancellation of study days, and lack of support because of workload and staffing levels.

References to the cost of living and the effect on staff retention suggest that providing opportunities for professional development alone, without addressing pay, is not enough to retain staff. Conversely, Shields and Ward (2001) suggested that pay alone would have limited success as an incentive if not combined with improved career and training opportunities. This confirms Lu et al's (2005) suggestion that intrinsic and extrinsic variables influence both satisfaction and dissatisfaction.

## **Recommendations and implications for practice**

### **Band 5 nurses' priorities**

Participants focused on the completion of competency packs and gaining the relevant clinical skills required to practise effectively, therefore strategic plans must be developed to support staff effectively. And protected time for both preceptees and preceptors to support completion of the packages should be identified.

### **Band 5 nurses' understanding, perceptions, and experience of, and access to, professional development**

Work-based clinical learning opportunities must be prioritised by the organisation, to ensure training and education meet staffs' needs in clinical settings. Based on the value participants place on the preceptorship programme, it is suggested that preceptees should continue to be supported to attend. Further, an additional year should be considered to ensure support and training is available within a structured framework to enable career planning, learning and development.

### **Trust support for professional development**

Nursing leadership challenges are centred around staffing and competency development, and finding solutions to these complex issues requires creative strategies (Cummings et al 2010, Gantz et al 2012). It is suggested that the leadership team should review the systems and maximise potential opportunities, for example by maintaining clinical practice educators, who can be casualties of cost-improvement plans, to support ward staff to deliver learning and development opportunities.

### **Career aspirations and career planning**

Joyce and Cowman (2007) suggested that career guidance built into development programmes clarify what aspects of self development nurses should pursue. Therefore, band 5 nurses, managers, and lead nurses should work collaboratively to develop the band 5 role, and to identify development opportunities. This includes supporting further training, autonomy, and responsibility beyond the first year post qualification, which in turn **may be beneficial in providing reward and acknowledgement to more experienced staff.** [not sure what you mean]- see added bit in red

### **Reasons for choosing to work in this trust**

It is imperative that the trust maintains its reputation through supporting and developing staff. Therefore, nurse leaders need to inform strategic development specifically around recruitment and retention, and look at innovative ways of delivering excellent healthcare, and attracting, valuing and caring for their staff.

Cost of living in the local area is out of the trust's control, but it can continue to work with local authorities to identify and secure reduced-cost housing and accommodation.

### **Study limitations**

The study was conducted by a novice researcher using an adapted grounded theory methodology, with a limited time frame. Due to time constraints, there was a risk that saturation of the data would not be achieved and, even if it was, the researcher's inexperience means she might have failed to recognise this. The sample is a limited representation of one acute trust's band 5 workforce, so is unlikely to have captured a transferable picture of this staff group.

Workload demand and capacity constraints prevented some participants from being released from practice to attend focus groups, which limited the breadth of nursing experience the researcher had hoped for. Focus groups themselves can be a limitation to gathering data, and

leading the facilitation of the group can be difficult. Further, there is a risk that 'dominant' individuals prevent the full participation of all group members (Gerrish and Lacey 2010).

Finally, although the data analysis was discussed and checked by the facilitators [who are they? Answered in an earlier paragraph], it is possible that not all coding was completed as robustly as possible, because of the researcher's inexperience, which might have affected interpretation of the results.

## Conclusion

The aim of this study was to explore an acute trust's band 5 nurses' experiences and expectations of professional development. While it is widely reported that job satisfaction is likely to retain staff, what remains unclear is which of the many factors that contribute to this have the greatest effect, and what the importance of these is. Anecdotally, professional development has been cited as a contributory factor to job satisfaction, but there is limited qualitative evidence to support this.

Nurse leaders can influence reviews of funding for education and development in their organisations. It is important to retain flexibility of resources and funding [not quite sure what you mean – can use and spend funding in flexible way to enable nurse leaders to ensure that training and career progression provision is acknowledged as important, is available, and meets the needs of their workforce. This will help staff achieve essential competencies, and help meet strategic goals related to professional development, job satisfaction and employee retention.

The study findings show that providing and supporting development opportunities for band 5 nurses is important, and can affect job satisfaction, and will inform the definition and justification of [the nurse professional development? - nursing educational strategy in the trust.

The findings are limited to nurses who are in their first 24 months of working in the trust, therefore further evidence [of what? - from more experienced longer serving nursing staff] is needed [to do what to clarify what their needs, expectations and perceptions are]. The study should be repeated across the wider nursing workforce to explore how the results vary within different cohorts [grades? levels? levels] of nursing staff.

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